

07/19/00  
JC820 U.S. PTO

07-20-00

A

Please type a plus sign (+) inside this box → PTO/SB/05 (12-97)  
Approved for use through 09/30/00. OMB 0651-0032  
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

UTILITY  
PATENT APPLICATION  
TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.63(b))

Attorney Docket No.	000537	Total Pages
First Named Inventor or Application Identifier		
Patrick J. Treado		
Express Mail Label No.	EL366819403US	

APPLICATION ELEMENTS  
See MPEP chapter 600 concerning utility patent application contents.ADDRESS TO: Assistant Commissioner for Patents  
Box Patent Application  
Washington, DC 20231

1. <input checked="" type="checkbox"/> Fee Transmittal Form (Submit an original, and a duplicate for fee processing)	6. <input type="checkbox"/> Microfiche Computer Program (Appendix)
2. <input checked="" type="checkbox"/> Specification [Total Pages 16] (preferred arrangement set forth below)	7. Nucleotide and/or Amino Acid Sequence Submission (If applicable, all necessary)
<ul style="list-style-type: none"> <li>- Descriptive title of the Invention</li> <li>- Cross References to Related Applications</li> <li>- Statement Regarding Fed sponsored R &amp; D</li> <li>- Reference to Microfiche Appendix</li> <li>- Background of the Invention</li> <li>- Brief Summary of the Invention</li> <li>- Brief Description of the Drawings (if filed)</li> <li>- Detailed Description</li> <li>- Claim(s)</li> <li>- Abstract of the Disclosure</li> </ul>	
3. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) [Total Sheets 9]	a. <input type="checkbox"/> Computer Readable Copy
4. Oath or Declaration Unsigned [Total Pages 2]	b. <input type="checkbox"/> Paper Copy (Identical to computer copy)
<ul style="list-style-type: none"> <li>a. <input checked="" type="checkbox"/> Newly executed (original or copy)</li> <li>b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional/with Box 17 completed) <i>[Note Box 5 below]</i></li> <li>c. <input type="checkbox"/> DELETION OF INVENTOR(S). Signed statement attached deleting Inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</li> </ul>	
5. <input type="checkbox"/> Incorporation By Reference (useable if Box 4b is checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.	c. <input type="checkbox"/> Statement verifying identity of above copies

## ACCOMPANYING APPLICATION PARTS

8. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))
9. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney (when there is an assignee)
10. <input type="checkbox"/> English Translation Document (if applicable)
11. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations
12. <input type="checkbox"/> Preliminary Amendment
13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
14. <input type="checkbox"/> Small Entity <input checked="" type="checkbox"/> Statement filed in prior application Statement(s) <input type="checkbox"/> Status still proper and desired
15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)
16. <input type="checkbox"/> Other: ..... ..... .....

17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:

 Continuation  Divisional  Continuation-in-part (CIP) of prior application No: \_\_\_\_\_

## 18. CORRESPONDENCE ADDRESS

<input type="checkbox"/> Customer Number or Bar Code Label	23464 (Insert Customer No. or attach bar code label here)	or <input checked="" type="checkbox"/> Correspondence address below			
NAME	Dennis M. Carleton PATENT TRADEMARK OFFICE				
	Buchanan Ingersoll, P.C.				
ADDRESS	One Oxford Centre				
	301 Grant Street, 20th Floor				
CITY	Pittsburgh	STATE	PA	ZIP CODE	15219
COUNTRY	USA	TELEPHONE	412/562-1895		FAX 412-562-1041

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

# FEE TRANSMITTAL

## for FY 2000

Patent fees are subject to annual revision.  
 Small Entity payments must be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12. See 37 C.F.R. §§ 1.27 and 1.28.

TOTAL AMOUNT OF PAYMENT (\$ 516.00)

## Complete If Known

Application Number	
Filing Date	July 19, 2000
First Named Inventor	Treado, et al.
Examiner Name	
Group / Art Unit	
Attorney Docket No.	000537

## METHOD OF PAYMENT (check one)

1.  The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number 02-4553

Deposit Account Name BUCHANAN INGERSOLL

Charge Any Additional Fee Required  
Under 37 CFR §§ 1.16 and 1.17

2.  Payment Enclosed:

Check  Money Order  Other

## FEE CALCULATION

## 1. BASIC FILING FEE

## Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
101	690	201 345 Utility filing fee	345.00
106	310	206 155 Design filing fee	
107	480	207 240 Plant filing fee	
108	690	208 345 Reissue filing fee	
114	150	214 75 Provisional filing fee	
SUBTOTAL (1) (\$)		345.00	

## 2. EXTRA CLAIM FEES

	Extra Claims	Fee from below	Fee Paid
Total Claims	26	-20** = 6 x 9 = 54	
Independent Claims	6	- 3** = 3 x 39 = 117	
Multiple Dependent			

\*\*or number previously paid, if greater; For Reissues, see below

## Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Description
103	18	203 9 Claims in excess of 20
102	78	202 39 Independent claims in excess of 3
104	260	204 130 Multiple dependent claim, if not paid
109	78	209 39 ** Reissue independent claims over original patent
110	18	210 9 ** Reissue claims in excess of 20 and over original patent
SUBTOTAL (2) (\$)		171.

## 3. ADDITIONAL FEES

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
105	130	205 65 Surcharge - late filing fee or oath	
127	50	227 25 Surcharge - late provisional filing fee or cover sheet	
139	130	139 130 Non-English specification	
147	2,520	147 2,520 For filing a request for reexamination	
112	920*	112 920* Requesting publication of SIR prior to Examiner action	
113	1,840*	113 1,840* Requesting publication of SIR after Examiner action	
115	110	215 55 Extension for reply within first month	
116	380	216 190 Extension for reply within second month	
117	870	217 435 Extension for reply within third month	
118	1,360	218 680 Extension for reply within fourth month	
128	1,850	228 925 Extension for reply within fifth month	
119	300	219 150 Notice of Appeal	
120	300	220 150 Filing a brief in support of an appeal	
121	260	221 130 Request for oral hearing	
138	1,510	138 1,510 Petition to institute a public use proceeding	
140	110	240 55 Petition to revive - unavoidable	
141	1,210	241 605 Petition to revive - unintentional	
142	1,210	242 605 Utility issue fee (or reissue)	
143	430	243 215 Design issue fee	
144	580	244 290 Plant issue fee	
122	130	122 130 Petitions to the Commissioner	
123	50	123 50 Petitions related to provisional applications	
126	240	126 240 Submission of Information Disclosure Stmt	
581	40	581 40 Recording each patent assignment per property (times number of properties)	
146	690	246 345 Filing a submission after final rejection (37 CFR § 1.129(a))	
149	690	249 345 For each additional invention to be examined (37 CFR § 1.129(b))	

Other fee (specify) \_\_\_\_\_

Other fee (specify) \_\_\_\_\_

Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)

## SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Dennis M. Carleton	Registration No. (Attorney/Agent)	40,938	Telephone	412/562-1895
Signature				Date	07/19/00

## WARNING:

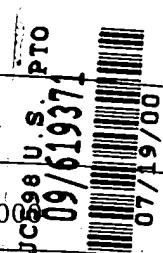
Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

CERTIFICATE OF MAILING BY "EXPRESS MAIL" UNDER  
37 CFR 1.10 - SEPARATE PAPER

ATTORNEY'S DOCKET NO.

000537



IN RE APPLICATION OF  
Treado, et al.

SERIAL NUMBER

FILED

July 19, 2000

FOR

CHEMICAL IMAGING FIBERSCOPE

GRP. ART UNIT

EXAMINER

"Express Mail" mailing label number EL366819403US

Date of deposit July 19, 2000

I hereby certify that this paper or fee is being deposited  
with the United States Postal Service "Express Mail Post Office to  
Addressee" service under 37 CFR 1.10 on the date indicated above  
and is addressed to the Commissioner of Patents and Trademarks,  
Washington, D.C. 20231.

Tammy L. Styen

(Typed or printed name of person mailing paper or fee)

Tammy L. Styen

(Signature of person mailing paper or fee)